

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2864

JAN 25 1941

Registration District No. 398

Primary Registration District No. 3554

State File No.

Registrar's No. 6

## 1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural - Blue Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3201 Blue Ridge Blvd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Two Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Margaret Weeks.

3. (b) If veteran, No. name war.

3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife James Weeks. 6. (c) Age of husband or wife if alive years 3 1865  
7. Birth date of deceased Dec (Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 3 If less than one day hr. min.

9. Birthplace No Record Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation None11. Industry or business None12. Name (No Record) Evans13. Birthplace No Record  
(City, town, or county) (State or foreign country)14. Maiden name No Record  
(City, town, or county) (State or foreign country)16. (a) Informant Hape Morrow  
(b) Address 3201 Blue Ridge Blvd. K.C. Mo.17. (a) Removal (b) Date thereof Jan. 6, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bowier, Missouri18. (a) Signature of funeral director Henry W. Stahl(b) Address 815 W. Maple Ave. Independence, Mo.19. (a) Jan. 7 1940 (b) L. L. Cook M.D.  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3201 Blue Ridge Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6  
year 1941 hour 11 minute 4 M.

21. I hereby certify that I attended the deceased from 19 to 19;

that I last saw her alive on August, 1940;

and that death occurred on the date and hour stated above.

Immediate cause of death Acute ventricular failure. Duration 1 hr.

Due to Acute Indigestion Sudden

Due to Cardio-Renal Disease some

Myocarditis & Arteriosclerosis years

Other conditions hypertension

(Include pregnancy within 3 months of death)

Major findings: — 12/1/41 **PHYSICIAN**

Of operations —

Of autopsy —

Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

360 — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature W. Davis M.D. (M. D. or other) 11

Address 462 W. Main St. K.C. Mo. Date signed 1-7-41

Dr A W Lewis Logan 1301  
410 E 61 St - Mc 2181

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed:

*Henry W. Stahl*

Licensed Embalmer No.

3181

P. O. Address

*Independence Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**